MCLRK-009US

Anthony Moon

COMPLETE IF KNOWN

PTO/SB/01 (04-05)
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Number

First Named Inventor

Application Number

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

(3) (3)	1.00)	4	Application Number	•	10/5	566,407		
X Declaration Submitted OR	Declarat	tion ed after Initial	Filing Date	January 26, 2006				
With Initial Filing	Filing (s	urcharge R 1.16 (e))	Art Unit	Unkn	Unknown			
1 ming	required	, , ,	Examiner Name	Unknown				
I hereby declare that:			•					
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
·		CAPACITIVI	E SENSOR		·			
					•			
the specification of which		(Title of the I	nvention)					
is attached hereto				•				
OR '								
হ	vaaa (7/28/2004]					
was filed on (MM/DD/YYYY) $07/28/2004$ as United States Application Number or PCT International								
Application Number PCT/GB2004/003260 and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application								
and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one								
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign								
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	_	Foreign Filing		•	Certified Cop	y Attached?		
Number(s)	Country	(MM/DD/YY)	(Y) Not Cla	imed	YES	NO NO		
GB 0317644.3	Great Britain	07/28/200)3	_				
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Additional foreign ap	plication number	ers are listed on a su	upplemental priority da	ta sheet P	TO/SB/02B atta	ched hereto.		
[Page 1 of 2]								

FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual PTO/SB/01 (04-05)
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	The address associated with Customer Numbe	er: 0076		7663			OR	X	Correspondence address below		
Name Kit M. Stetina, Esq. STETINA BRUNDA GARRED & BRUCKER							`				
Address 75 Enterprise, Suite 250											
City Aliso Viejo				State California			ornia		ZIP 92656		
Country	Country Telephone				Email						
			55-1246 kstetina@stet				a@stetinalaw.com				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST	INVENTOR:		An	etition l	has b	peen filed f	or this	s unsiai	ned inventor		
Given Name (first and middl	e [if any])	·			n has been filed for this unsigned inventor Family Name or Surname						
Anthony					Moon						
Inventor's Signature				Date 19 April 2006					19 April 2006		
Residence: City	dence: City State				Country Citizenship						
Cardiff				United Kingdom			1	United Kingdom			
Mailing Address											
1 Radyr Court Rise, Llandaff											
City	State				Zip	•			Country		
Cardiff						CF5 2QH			United Kingdom		
NAME OF SECOND INVENTOR:				A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname							
David /					Snell (deceased)						
Inventor's Signature CALCURAY Fantil			Date 2 executor 03-24-21			Date 03-24-2006					
Residence: City	State	-X-200117							enship		
Cardiff				Un	United Kingdom			Į	United Kingdom		
Mailing Address CAGJADX											
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City CAG,	State	State Zip O16 ODH Country				ry					
Cardiff JAD		CE10-4NH United Kingdom				United Kingdom					
Additional inventors or a lega	al representative are bei	ing named or	n the		،۸۰۷ pleme	-	PTO/S	В/02А ог	02LR attached hereto.		

PTO/\$B/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/566,401			
Filing Date	JANUARY 26, 2006			
First Named Inventor	Anthony Moon			
Title	CAPACITIVE SENSOR			
Art Unit	Unknown			
Examiner Name	Unknown			
Attorney Docket Number	MCLRK-009US			

I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:			•		····		<u> </u>	
X Practitioners associated	Y Practitioners associated with the Customer Number:			007663				
OR	OR							
Practitioner(s) named below:								
	Name			Registration Number				
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as my/our attorney(s) or agent Trademark Office connected the	(s) to prosecute the application id nerewith.	lentified above	, and to	transact all busir	ness in the l	Jnited Sta	tes Patent a	and
Please recognize or change th	e correspondence address for the	e above-identif	ied appl	ication to:				
	ted with the above-mentioned Cu	stomer Numbe	er:					
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The address associated with Customer Number: OR 007663								
X Firm or Individual Name	Kit M. Stetina, Esq.							
Address	Address STETINA BRUNDA GARRED & BRUCKER 75 Enterprise, Suite 250							
City	Aliso Viejo			California	ornia Zip 92656			
Country	United States							
Telephone	(949) 855-1246 Email kstetina@stetinalaw.com							
I am the: \overline{X} Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
Signature of Applicant or Assignee of Record								
Signature O					1 4000			
	- 17101110101 TWO10 Telephone 174 2720 300 01							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
	forms are submitted.	•						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Anthony Moon and David Strange Application No./Patent No.: 10/560, 407							
Entitled: CAPACITIVE SENSOR							
AB Automotive Electronics Ltd. aa	corporation,						
(Name of Assignee) (Type of Ass	signee, e.g. corporation, partnership, university, government agency, etc.)						
states that it is:							
1. Ithe assignee of the entire right, titie, and interest; or							
2. an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is%							
in the patent application/patent identified above by virtue of either:							
A. [x] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.							
OR							
B. [] A chain of title from the inventor(s), of the patent assignee as shown below:	application/patent identified above, to the current						
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3. From:	Го:						
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[] Additional documents in the chain of title are listed on a supplemental sheet.							
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]							
The undersigned (whose title is supplied below) is author	rized to act on behalf of the assignee.						
July 512, 2006	D.C. OATES						
Date	Typed or printed pame						
	Signature						
	MANAGING DIRECTOR						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.